U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U-2545	2. Fiscal Year Covered From: 1 / 31 / 2004 Through: 12/31 / 2004	
3. Name and address of person filing.	Name, file number, and address of labor organization.	
Name NI Comedes E. Saytiago	Name Directors Guild of America	
	Labor Organization File Number	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 14381/2 South Robertson 18/ud.	Street 7920 Schset Balevard	
city Los Angeles	City LOS Angeles	
State (alifornia ZIP Code + 4 90035	State California ZIP Code + 4 90046	

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or of monetary value from an employer whose employees your organization	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name Sony Television- Dana Harragton	Business Lunch
Trade Name, if any: Columbia/TriStan Telouision	
P.O. Box, Bldg., Room No., if any	te de la company y la coloid de
See on the second section and the se	7.b. Amount.
Street 10202 West Washington Balovard	
city culver city	\$25-\$160
State California ZIP Code + 4 90232	P. D. State Strige, Rigero No., 8 key

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information	
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the	ne
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	

Signed

On 5

310-289-2013

Date

Telephone Number

B. Held an interest in or derived income or economic benefit with monetal substantial part of which consists of buying from, selling or leasing to, or of of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly	otherwise dealing with the business s actively seeking to represent, or or indirectly to, or otherwise	
dealing with your labor organization or with a trust in which your labor org	anization is interested.	A 309
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name		(40 cm)
Trade Name, if any:	a. Labor Organization	
Rate states and the state stat	b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street	d. Employer	
Cit.		
City		
State ZIP Code + 4	-	
40. If 0 is as 0 a in absolved also trust as amplessor's name	11.a. Nature of such dealing.	
10. If 9.b. or 9.c. is checked give trust or employer's name.	The state of cash dealing	
Name	LAN	
Trade Name, If any:	The second secon	
(System - passes - pro-	Asserts .	
P.O. Box, Bldg., Room No., if any	TOTAL TANDAM	
Street	The state of the s	
	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
	plane is all all bellings in two of its and its agency of the (pread price of its agency) and its agency of the ag	
	The second secon	
	12.b. Amount.	<u> </u>
C. Received from any employer (other than an employer covered or from any labor relations consultant to an employer any payment of m	under parts A and B above) noney or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	
(including trade name, if any).		
Name	The same assessment of the state of	
Trade Name, if any:	- CHY	
P.O. Box, Bldg., Room No., if any	ESESS NUMBER (SESSE)	
Street		
City	and the control of the control of and the control of the control o	
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	